

EXHIBIT A

MEDICAL DOCUMENTATION OF DIAGNOSIS



181 2nd Street
San Francisco, CA 94105
415-617-9894
careteam@getcerebral.com

Date: September 14, 2020

Ref: Michael Moates
MRN: mrn 187863

To Whom it May Concern:

We are writing this letter to state that the patient has been under our care for management of anxiety, insomnia and depression from August 26, 2020 to Present. During this time, the patient has engaged in the following services: medication management, care coordination.

Details of the exact diagnoses and treatments are contained within the copy of the patient's medical records, which have been provided. The Provider of Record is contained within the copy of the medical records that accompany this letter. The extent to which this information is disclosed is left solely up to the patient's discretion.

If you have any questions about this patient's care or subsequent needs of this patient please feel free to contact us at the information listed above.

Warmly,
Cerebral Medical

Allscripts Conversion
1/6/2015Michael Moates
MRN: 03665983**Patient Demographics****REDACTED PERSONAL IDENTIFYING INFORMATION****Past Medical History**

| Diagnosis | Date | Comments | Source |
|---------------------|------|----------|----------|
| Asthma | — | — | Provider |
| Psychiatric problem | — | — | Provider |

Surgical as of 1/6/2015**Past Surgical History**

| Procedure | Laterality | Date | Comments | Source |
|---------------|------------|------|----------|----------|
| TONSILLECTOMY | — | — | — | Provider |

Tobacco Use as of 1/6/2015

| Smoking Status | Smoking Start Date | Smoking Quit Date | Packs/Day | Years Used |
|---------------------------------------|--------------------|--------------------------|-----------------------------|------------|
| Passive Smoke Exposure - Never Smoker | — | — | — | — |
| Types | Comments | Smokeless Tobacco Status | Smokeless Tobacco Quit Date | Source |
| — | — | Unknown | — | Provider |

Alcohol Use as of 1/6/2015

| Alcohol Use | Drinks/Week | Alcohol/Week | Comments | Source |
|-------------|----------------|----------------|----------|----------|
| — | — | — | — | Provider |
| Frequency | Typical Drinks | Binge Drinking | — | Provider |
| — | — | — | — | — |

Drug Use as of 1/6/2015

| Drug Use | Types | Frequency | Comments | Source |
|----------|-------|-----------|----------|----------|
| — | — | — | — | Provider |

Socioeconomic as of 1/6/2015

| Marital Status | Spouse Name | Number of Children | Years Education | Education Level | Preferred Language | Ethnicity | Race | Source |
|---------------------------|------------------------|--------------------|-----------------|----------------------------|-------------------------------|-----------------------------------|-------|--------|
| Single | — | — | — | — | English | NON HISPANIC | WHITE | — |
| Financial Resource Strain | Food Insecurity: Worry | | | Food Insecurity: Inability | Transportation Needs: Medical | Transportation Needs: Non-medical | | |
| — | — | — | — | — | — | — | — | — |

Allergies as of 1/6/2015

| Severity | Noted | Reaction Type | Reactions | Comment |
|--------------------------|---------------|---------------|-----------|---------|
| Nka [no Known Allergies] | Not Specified | 04/27/2010 | — | — |

Immunizations Administered as of 1/6/2015

No immunizations on file.

Encounter InformationTexas Health Family Care
#456
612 E. Bailey Boswell Rd Ste
200

REDACTED PERSONAL IDENTIFYING INFORMATION

Encounter Information (continued)

| | Provider | Department | Encounter # | Center |
|-------------------|---------------------------|------------|-------------|--------------|
| 2/22/2016 4:40 AM | Lewis, Hayden Lee Sr., MD | Thpsfm | 9418508386 | Hayden Lewis |

THPG External NotesLewis, Hayden Lee Sr., MD (Physician)
Family Practice**MICHAEL MOATES**

2/22/2016 10:17 AM

Location: Saginaw Family Medicine

Patient #: 3665983

DOB: 1/14/1995

Single / Language: English / Race: White

Male

History of Present Illness: (LEWIS, HAYDEN, MD; 02/22/2016 10:54 AM) The patient is a 21 year old male presenting with attention deficit hyperactivity disorder. The symptoms are characterized as excessive talking, poor attention span, easily distracted and difficulty following instructions. Note for "Attention Deficit Hyperactivity Disorder": 2/22/16- Pt would like to discuss his refill for Vyvanse 70mg. ªRan out of current Rx 3 days ago. ªStates his psychiatrist is out of town. Pt would like to start getting his medication refills from our office from now on. ªWhe he doesn't take Vyvanse he has trouble focusing. ªUnable to study very long w/o getting distracted. ªWhen he takes Vyvanse he doesn't get distracted as easily. ªAlso sleeps better at night b/c his mind is not racing.

Problem List / Past Medical: (LEWIS, HAYDEN, MD; 02/22/2016 10:57 AM)Attention Deficit Disorder**Allergies:** (GONZALEZ, MAYRA; 02/22/2016 10:21 AM)No Known Drug Allergies03/06/2012**Family History:** (GONZALEZ, MAYRA; 02/22/2016 10:21 AM)Heart Disease

Hypertension

Diabetes Mellitus

Social History: (GONZALEZ, MAYRA; 02/22/2016 10:21 AM)Marital status Single.

No Drug Use

Advanced Directive/Living Will No.

Exercise History Inactive.

Cigarette Smoker/Other Tobacco-Never

Non Drinker/No Alcohol Use

Medication History: (GONZALEZ, MAYRA; 02/22/2016 10:21 AM)Vyvanse (70MG Capsule, Oral) Active. (given by Psychiatrist @ Mind Matter Psychiatry.)
Singulair (10MG Tablet, 1 (one) Oral daily, Taken starting 05/20/2015) Active.
Medications Reconciled.

Other History: (LEWIS, HAYDEN, MD; 02/22/2016 10:57 AM)Pharyngitis, acute (J02.9)

Conjunctivitis (H10.9)

Examination, routine, over 18 years of age (Z00.00)

Examination for school or camp (Z02.9)

Nausea with vomiting (R11.2)

Anxiety (F41.9)

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Encounter Information (continued)

| Provider | Department | Encounter # | Center |
|-------------------|------------|-------------|--------------|
| Ragle, Nita Marie | Thpsfm | 9418596035 | Hayden Lewis |

THPG External Notes

Ragle, Nita Marie (Physician Assistant)
Physician Assistant

MICHAEL MOATES

5/20/2016 2:42 PM

Location: Saginaw Family Medicine

Patient #: 3665983

DOB: 1/14/1995

Single / Language: English / Race: White
Male

NOT RELEVANT

Additional reasons for visit:

Insomnia is described as the following:

Symptoms include difficulty falling asleep, difficulty staying asleep, unrefreshing sleep and daytime sleepiness. Onset was gradual 4 year(s) ago. The patient sleeps 4 hours per night. The patient typically requires 2 hours to fall asleep. The symptoms occur nightly. The insomnia has been increasing. Current treatment includes non-prescription sleep aids (pt has tried nyquil, melatonin, tylenol pm and benadryl but none of them have helped). Note for "Insomnia": 10/20/2014- Pt says his trazodone is not helping anymore because he is under alot of stress and recently went through a break up and has had alot of anxiety. Pt says he hasn't been getting any sleep lately and he has been having alot of muscle aches and alot of headaches. He's increased his trazodone to 150 mg at bedtime. He's not depressed or suicidal. He's considering talking to a minister at church.

11/13/14 - zolpidem 10 mg not working well any more. Helps him fall asleep, but he doesn't stay asleep.

5/20/2016 - Patient continues with the zopidem 10mg and doing well. Needs refill.

Attention Deficit Hyperactivity Disorder is described as the following:

The symptoms are characterized as excessive talking, poor attention span, easily distracted and difficulty following instructions. Note for "Attention Deficit Hyperactivity Disorder": 2/22/16- Pt would like to discuss his refill for Vyvanse 70mg. Ran out of current Rx 3 days ago. States his psychiatrist is out of town. Pt would like to start getting his medication refills from our office from now on. When he doesn't take Vyvanse he has trouble focusing. Unable to study very long w/o getting distracted. When he takes Vyvanse he doesn't get distracted as easily. Also sleeps better at night b/c his mind is not racing.

5/20/2016 - Patient currently on vyvanse 70mg. He is doing well and would like refill.

Problem List / Past Medical: (RAGLE, NITA, PA-C; 05/20/2016 02:57 PM)ADD (attention deficit disorder) (F90.0)

Allergies: (THORNTON, JULI; 05/20/2016 02:47 PM)No Known Drug Allergies03/06/2012

Family History: (THORNTON, JULI; 05/20/2016 02:47 PM)Heart Disease

Diabetes Mellitus

Hypertension

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REDACTED PERSONAL IDENTIFYING INFORMATION

Office Visit
4/8/2019

Michael Moates

Patient Demographics

REDACTED PERSONAL IDENTIFYING INFORMATION

REDACTED PERSONAL IDENTIFYING INFORMATION

Past Medical History

| Diagnosis | Date | Comments | Source |
|---------------------|------|----------|----------|
| Allergic state | — | — | Patient |
| Asthma | — | — | Provider |
| Psychiatric problem | — | — | Provider |
| Sleep apnea | — | — | Patient |

Surgical as of 4/8/2019

Past Surgical History

| Procedure | Laterality | Date | Comments | Source |
|---------------|------------|------|----------|----------|
| TONSILLECTOMY | — | — | — | Provider |
| TONSILLECTOMY | — | — | — | Patient |

Tobacco Use as of 4/8/2019

| Smoking Status | Smoking Start Date | Smoking Quit Date | Packs/Day | Years Used |
|---------------------------------------|--|--------------------------|-----------------------------|------------|
| Passive Smoke Exposure - Never Smoker | — | — | — | — |
| Types | Comments | Smokeless Tobacco Status | Smokeless Tobacco Quit Date | Source |
| — | Smoking History Packs/day: Non smoker | Never Used | — | Provider |

Alcohol Use as of 4/8/2019

| Alcohol Use | Drinks/Week | Alcohol/Week | Comments | Source |
|-----------------|--|---------------------|----------|----------|
| Yes | 1 Glasses of wine 1 Cans of beer 1 Shots of liquor | 3.0 standard drinks | social | Provider |
| Frequency | Typical Drinks | Binge Drinking | | |
| Monthly or less | 1 or 2 | Less than monthly | | |

Drug Use as of 4/8/2019

| Drug Use | Types | Frequency | Comments | Source |
|----------|-------|-----------|----------|----------|
| No | — | — | — | Provider |

Sexual Activity as of 4/8/2019

| Sexually Active | Birth Control | Partners | Comments | Source |
|-----------------|---------------|----------|----------|----------|
| Not Currently | — | Male | — | Provider |

Social Documentation as of 4/8/2019

Cigarette Smoker/Other Tobacco-Never
Advanced Directive/Living Will: No.
Non Drinker/No Alcohol Use
No Drug Use
Exercise History: Inactive.
Marital status: Single.

Source:

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